

## Summary of Dental Plan Benefits

This table summarizes the principal benefit provisions for each of the plan design alternatives for the City of Riverside's prepaid dental benefit plans:

<b>Benefit Provision</b>	<b>Proposed Delta/PMI Dental HMO Plan</b>
<b>Plan Year Deductible</b>	\$0
<b>Annual Benefit Maximum</b>	None
<b>PREVENTIVE TREATMENT</b>	
<b>Oral Exam</b>	Covered in full
<b>X-rays</b>	
<b>Full mouth</b>	Covered at 100%
<b>Single film</b>	Covered at 100%
<b>Each additional film</b>	Covered at 100%
<b>Bitewing</b>	Covered at 100%
<b>Emergency palliative</b>	Covered at 100% after \$5 copay
<b>Specialist consultation</b>	Covered at 100% after \$10 copay
<b>Topical fluoride</b>	Covered at 100%; limited to one treatment per six month period (to age 19)
<b>Prophylaxis</b>	Covered at 100%; limited to one treatment per six month period
<b>Sealants per tooth</b>	Covered at 100% after \$10 copay per tooth
<b>Space Maintainer</b>	Covered at 100% after \$25 copay for fixed or removable spacer
<b>RESTORATIVE DENTISTRY</b>	
<b>Amalgam Restorations</b>	Covered at 100%
<b>Anterior Resin fillings</b>	Covered at 100%
<b>Posterior Resin fillings 1 surface—primary</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling

<b>Benefit Provision</b>	<b>Proposed Delta/PMI Dental HMO Plan</b>
<b>Posterior Resin fillings 2 surfaces—primary</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling
<b>Posterior Resin fillings 3 or more surfaces—primary</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling
<b>Posterior Resin fillings 1 surface—permanent</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling
<b>Posterior Resin fillings 2 surfaces—permanent</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling
<b>Posterior Resin fillings 3 or more surfaces—permanent</b>	Covered up to cost of amalgam restoration; patient pays difference in cost (about \$10 per surface) for resin filling
<b>Inlays—1 surface</b>	Covered at 100%
<b>Inlays—2 surfaces</b>	Covered at 100%
<b>Inlays—3 surfaces</b>	Covered at 100%
<b>CROWNS &amp; BRIDGES</b>	
<b>Acrylic crown</b>	Covered at 100% after \$50 copay
<b>Porcelain with metal crown</b>	Covered at 100% after \$90 copay
<b>Non-precious metal crown</b>	Covered at 100% after \$90 copay
<b>Onlay (3/4 crown)</b>	Covered at 100%
<b>Non-precious metal bridge</b>	Covered at 100% after \$90 copay
<b>Porcelain fused to non-precious metal bridge</b>	Covered at 100% after \$90 copay
<b>ENDODONTICS</b>	
<b>Pulp capping</b>	Covered at 100%
<b>Pulpotomy</b>	Covered at 100%
<b>Single rooted root canal therapy</b>	Covered at 100% after \$45 copay
<b>Bi-rooted root canal therapy</b>	Covered at 100% after \$90 copay
<b>Tri-rooted root canal therapy</b>	Covered at 100% after \$135 copay

<b>Benefit Provision</b>	<b>Proposed Delta/PMI Dental HMO Plan</b>
<b>Apicoectomy—Anterior</b>	Covered at 100% after \$60 copay
<b>Apicoectomy—Bicuspid</b>	Covered at 100% after \$60 copay
<b>Apicoectomy—Molar</b>	Covered at 100% after \$60 copay
<b>Apicoectomy—each additional</b>	Covered at 100%
<b>Hemisection</b>	Covered at 100%
<b>Root amputation</b>	Covered at 100%
<b>PERIODONTICS</b>	
<b>Subgingival curettage, per quadrant</b>	Covered at 100% after \$15 copay
<b>Root planing, per quadrant</b>	Covered at 100% after \$15 copay
<b>Gingivectomy, per quadrant</b>	Covered at 100% after \$125 copay
<b>Muco-gingival surgery, per quadrant</b>	Covered at 100% after \$250 copay
<b>ORAL SURGERY</b>	
<b>Simple extraction, single</b>	Covered at 100% after \$3 copay
<b>Simple extraction, each additional same visit</b>	Covered at 100% after \$3 copay
<b>Removal of impacted tooth, soft tissue</b>	Covered at 100% after \$40 copay
<b>Removal of impacted tooth, partial bony</b>	Covered at 100% after \$60 copay
<b>Removal of impacted tooth, complete bony</b>	Covered at 100% after \$80 copay
<b>Biopsy of oral tissue, hard</b>	Covered at 100%
<b>Biopsy of oral tissue, soft</b>	Covered at 100%
<b>Alveoloplasty in connection with extraction, per quadrant</b>	Covered at 100% after \$50 copay

<b>Benefit Provision</b>	<b>Proposed Delta/PMI Dental HMO Plan</b>
<b>Frenectomy</b>	Covered at 100%
<b>Intra-oral incision &amp; drainage of abscess</b>	Covered at 100%
<b>PROSTHODONTICS</b>	
<b>Complete upper denture</b>	Covered at 100% after \$110 copay
<b>Complete lower denture</b>	Covered at 100% after \$110 copay
<b>Partial denture, cast frame</b>	Covered at 100% after \$125 copay
<b>Partial denture, resin base</b>	Covered at 100% after \$125 copay
<b>Denture adjustments</b>	Covered at 100% after \$10 copay
<b>Partial adjustments</b>	Covered at 100% after \$10 copay
<b>Denture reline, laboratory</b>	Covered at 100% after \$45 copay
<b>Repair broken denture, no teeth</b>	Covered at 100% after \$20 copay
<b>Repair broken tooth (per tooth)</b>	Covered at 100% after \$10 copay
<b>ORTHODONTICS</b>	
<b>Employee/Spouse or unmarried dependent child(ren)</b>	Covered at 100% after \$350 start-up fee (excluding records) and \$1,600 copay for dependent children to age 19 or \$1,800 copay for adults and covered full-time students